

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO APPLICANT(S)	FILING DATE							
							CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.			DEP.			
1	1						51								
2		1					52								
3		1					53								
4		3					54								
5		1					55								
6		1					56								
7			1				57								
8		2					58								
9	1						59								
10	1	1					60								
11		1					61								
12		1					62								
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14	1						64								
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45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	22						TOTAL DEP.								
TOTAL CLAIMS	23						TOTAL CLAIMS								